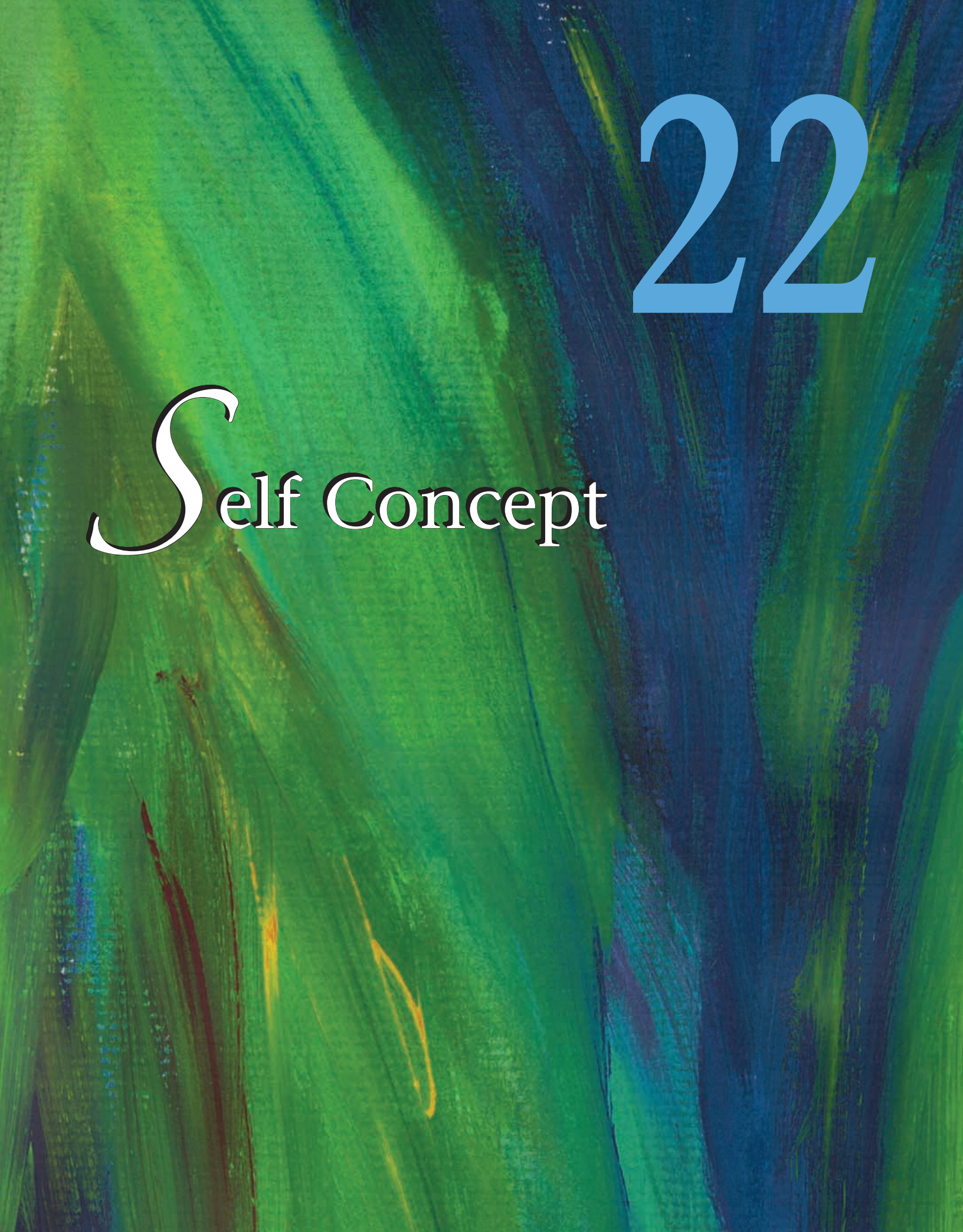

22

Self Concept

Objectives

Mastery of content in this chapter will enable the student to:

- Define the key terms listed.
- Discuss factors that influence the following components of self-concept: identity, body image, and role performance.
- Identify stressors that affect self-concept and self-esteem.
- Describe the components of self-concept as related to psychosocial and cognitive developmental stages.
- Explore ways in which the nurse's self-concept and nursing actions can affect the client's self-concept and self-esteem.
- Incorporate research findings to promote evidence-based practice for identity confusion, disturbed body image, low self-esteem, and role conflict.
- Examine cultural considerations that affect self-concept.
- Apply the nursing process to promote a client's self-concept.

Self-concept is how one thinks about oneself. It is a subjective sense of the self and a complex mixture of unconscious and conscious thoughts, attitudes, and perceptions. It affects how a person manages situations and relationships. Self-concept also affects one's self-esteem, or how one feels about oneself. Self-concept and self-esteem are often used interchangeably, but it is important to understand the distinction. Self-esteem stems from self-concept, and self-esteem influences self-concept. Self-concept is a descriptive term, whereas self-esteem is an evaluative term. Appropriate use of these terms facilitates communication among health care providers and ensures that the care plan is individualized to meet each client's needs.

Nurses care for clients who face health problems that can threaten their self-concept and self-esteem (e.g., loss of bodily function, decline in activity tolerance, and difficulty in managing a chronic illness). Nurses play a key role in helping clients adjust to alterations in self-concept and in supporting components of self-concept that enable clients to cope with difficulties.

Scientific Knowledge Base

Developing and maintaining self-concept and self-esteem begin at a young age and continue across the lifespan. Parents and other primary caregivers, as well as culture and environment, influence the development of a child's self-concept and self-esteem. In general, young children tend to rate themselves higher than they rate other children, perhaps a reflection of their egocentric view of the world. Adolescence is a particularly critical time when many variables affect self-concept and self-esteem (Figure 22–1). The adolescent experience appears to adversely affect self-esteem, more so for girls than for boys. Maturational changes are generally regarded as positive for boys: there is no sudden physical change in boys to indicate puberty. For girls, adolescence brings menarche, its associated symptoms, the development of breasts, and a gain in body fat. As a result, adolescent girls may be more sensitive to their appearance and how others view them (Park, 2003).

FIGURE **22–1** Participating in group activities can foster adolescents' self-esteem. (From *Mosby's Textbook for the Home Care Aide* (2nd ed.), by J. Birchenall and E. Streight, 2003, St. Louis, MO: Mosby.)

In adulthood, men tend to report higher levels of self-esteem than do women. However, the exact magnitude of this gender difference and the way it varies across the lifespan remain unclear. Job satisfaction and job performance are linked to self-esteem. When individuals are terminated or laid off from a job, they lose their job identity and their self-perceptions may be altered or diminished. They may not be motivated to be active socially or may even become depressed. A developmental goal of adulthood is to establish a sense of self that is stable and transcends relationships and situations.

In older adults, the sense of self may be negatively affected by the emotional and physical changes associated with aging (Robins et al., 2002). When older adults lose a partner or develop health problems, for example, they may experience negative changes in independence or social interaction. These changes may alter their self-concept and self-esteem.

Ethnic and cultural differences in self-concept and self-esteem have also been demonstrated across the lifespan, and recent findings suggest that differences in the development of self-concept may exist (Twenge & Crocker, 2002). Sensitivity to factors that affect self-concept and self-esteem in diverse cultures is essential to ensure an individualized approach to health care.

How individuals view themselves and how they perceive their health are closely related. Clients' beliefs in personal health can enhance their self-concept. Statements such as "I can get through anything" or "I've never been sick a day in my life" indicate that a person's thoughts about personal health are positive. Illness, hospitalization, and surgery can also affect self-concept. Chronic illness may affect the ability to provide financial support, thereby affecting an individual's self-esteem and perceived roles within the family. Negative perceptions regarding health status may be reflected in such statements as "It's not worth it anymore" or "I'm a burden to my family." Further, chronic illness can affect identity and body image, as reflected in statements such as "I'll never get any better" or "I can't stand to look at this disfigurement."

What individuals think and how they feel about themselves affect the way they care for themselves physically and emotionally and the way they care for others. Further, how one behaves is generally consistent with both self-concept and self-esteem. Individuals who have poor self-concepts often do not feel in control of situations and may not feel worthy of care, which can influence decisions regarding health care. Knowledge of variables that affect self-concept and self-esteem is critical for nurses to provide effective treatment.

Nursing Knowledge Base

Development of Self-Concept

The development of self-concept is a complex lifelong process that involves many factors. Erikson's psychosocial theory of development (1963) remains helpful in understanding key tasks that individuals face at various stages of development. Successful mastery of each stage can translate to a positive sense of self (Box 22-1).

A nurse learns to recognize an individual's failure to achieve an age-appropriate developmental stage or an individual's regression to an earlier stage in a period of crisis. This understanding allows a nurse to individualize care and determine appropriate nursing interventions. Self-concept is always changing and is based on the following:

- Sense of competency
- Perceived reactions of others to one's body
- Ongoing perceptions and interpretations of other people's thoughts and feelings
- Personal and professional relationships
- Racial identity
- Academic and employment-related identity
- Spiritual identity
- Personality structure
- Perceptions of events that have an impact on the self
- Mastery of prior and new experiences
- Current feelings about the physical, emotional, and social self
- Self-expectations

Components and Interrelated Terms of Self-Concept

A positive self-concept gives a sense of meaning, wholeness, and consistency to a person. A healthy self-concept has a high degree of stability and generates positive feelings toward the self. The components of self-concept frequently considered by nurses are identity, body image, and role performance. Self-esteem is traditionally viewed as a closely related concept.

Identity. **Identity** involves the internal sense of individuality, wholeness, and consistency of a person over time and in various circumstances. Identity implies being distinct and separate from others. Identity develops over time and ends in being a whole and unique self. The core of identity is being "oneself." A child learns culturally and socially accepted values, behaviours, and roles through observing others and modelling their behaviour. Identity is often gained from self-observation and from what individuals are told about themselves (Stuart & Laraia, 2001). An individual first identifies with parenting

Box 22-1 Self-Concept: Developmental Tasks

0 to 1 Year

Develops trust from consistency in caregiving and nurturing interactions of parents and others
Distinguishes self from environment

1 to 3 Years

Begins to communicate likes and dislikes
Increasingly autonomous in thoughts and actions
Appreciates body appearance and function
Develops self through modelling, imitation, and socialization

3 to 6 Years

Takes initiative
Identifies with a gender
Gains an enhanced self-awareness
Increases language skills, including identification of feelings
Sensitive to family feedback

6 to 12 Years

Incorporates feedback from peers and teachers
Increases self-esteem with new skill mastery (e.g., reading, math, sports, music)
Sexual identity strengthens
Aware of strengths and limitations

12 to 20 Years

Accepts body changes/maturation
Examines attitudes, values, and beliefs; establishes goals for the future
Feels positive about expanded sense of self
Interacts with those whom he or she finds sexually attractive or intellectually stimulating

Mid-20s to Mid-40s

Has intimate relationships with family and significant others
Has stable, positive feelings about self
Experiences successful role transitions and increased responsibilities

Mid-40s to Mid-60s

Accepts changes in appearance and physical endurance
Reassesses life goals
Shows contentment with aging

Late 60s On

Feels positive about own life and its meaning
Interested in providing a legacy for the next generation

figures and later with teachers, peers, and role models. To form an identity, a child must be able to bring together learned behaviours and expectations into a coherent, consistent, and unique whole (Erikson, 1963).

Achieving one's identity is necessary for the development of intimate relationships because one's identity is expressed in relationships with others. Sexuality is a part of one's identity. Gender identity is a person's conceptualization of the self as a man or as a woman and includes one's sexual orientation. This image and its meaning depend on culturally determined values that are affected by socialization (see chapter 23).

Racial or cultural identity develops from identification and socialization within an established group, as well as through the experience of integrating the response of individuals outside the cultural or racial group into one's sense of self. Self-concept may be most influenced by political, social, and cultural influences during childhood. In general, a positive relationship exists between identification with social groups and personal self-esteem. In addition, when racial identity is central to self-concept and is positive, self-esteem tends to be high (Twenge & Crocker, 2002). People who experience discrimination, prejudice, or environmental stressors such as poverty or living in high-crime neighbourhoods may conceptualize themselves differently from those who have not had the same stressors (Ruiz, Roosa, & Gonzales, 2002). Further, the opinion or approval of others may not constitute the basis for self-esteem in the same way for all racial and cultural groups. Cultural differences in self-concept exist and may also demonstrate some age-specific trends (Box 22-2).

Body Image. **Body image** involves attitudes related to the body, including physical appearance, structure, or function. Feelings about body image include those related to sexuality, femininity and masculinity, youthfulness, health, and strength. These mental images are not always consistent with a person's actual physical structure or appearance. Some body image distortions have deep psychological origins such as those that occur in an eating disorder like anorexia nervosa. Other alterations occur as a result of situational events such as the loss or change in a body part. The majority of men and women experience some degree of body dissatisfaction, which can affect body image and overall self-concept. Disturbances in body image can be exaggerated when a change in health status occurs. The way others view a person's body and the feedback offered is also influential. For example, a controlling, violent husband might tell his wife that she is ugly and that no one else would want her. Over time, with repeated humiliation and degradation, she may incorporate this image into her self-concept.

Body image is affected by cognitive growth and physical development. Normal developmental changes such as puberty, menopause, and aging have an effect on body image. Body image is influenced by hormonal changes during adolescence. The development of secondary sex characteristics and changes in body fat distribution affect an adolescent's self-concept. In the older adult, changes associated with ag-

Cultural Aspects of Care — Box 22-2

Racial and cultural identity are important components of a person's self-concept. Early in growth and development, an individual develops this identity within the family context. As people grow, the cultural aspects of their self-concept may be reinforced through family, social, or cultural experiences. A person's self-concept may be strengthened or challenged through political, social, or cultural influences experienced in school or work environments.

Implications for Practice

- Recognize that positive or negative cultural role modelling or past experiences can influence self-concept.
- Develop an open, non-restrictive attitude when assessing for and encouraging cultural practices to improve a client's self-concept.
- Ask clients what they think is important to help them feel better or gain a stronger sense of self.
- Encourage cultural identity by individualizing hygiene practices, dietary choices, and clothing to meet each client's self-concept needs.

Data from "Global Self-Esteem Across the Life Span,"by R. W. Robins et al., 2002, *Psychology and Aging, 17*(3), p. 423; "Predictors of Self-Esteem for Mexican American and European American Youths: A Reexamination of the Influence of Parenting," by S. Y. Ruiz, M. W. Roosa, and N. A. Gonzales, 2002, *Journal of Family Psychology, 16*(1), p. 70; and "Race and Self-Esteem: Meta-Analyses Comparing Whites, Blacks, Hispanics, Asians, and American Indians," by J. M. Twenge and J. Crocker, 2002, *Psychology Bulletin, 128*(3), p. 371.

ing (i.e., wrinkles, greying hair, and decreasing visual acuity, hearing, and mobility) can also affect body image.

Cultural and societal attitudes and values also influence body image. Culture and society dictate accepted norms of body image and can influence one's attitudes (Figure 22–2). Values such as ideal body weight and shape, as well as attitudes toward body markings, piercing, and tattoos, are culturally based. In North American society, youth, beauty, and wholeness are emphasized, as apparent in television programs, movies, and advertisements. People in Western cultures have been socialized to dread the normal aging process, whereas people in Eastern cultures view aging more positively and have great respect for older adults.

Body image depends only partly on the reality of the body. When physical changes occur, individuals may or may not incorporate these changes into their body image. For example, people who have experienced significant weight loss may not perceive themselves as thin and thus may present with a distorted body image. Body image issues are often associated with impaired self-concept and self-esteem and frequently focus on thinness for females and muscularity for males (Cohane & Pope, 2001).

Role Performance. **Role performance** is the way in which an individual perceives his or her ability to carry out significant roles. Common roles include mother or father, wife or husband, daughter or son, sister or brother, employee or employer, and friend. An individual's perception of competency in a role may or may not match other people's evaluation. Roles that individuals follow in given situations involve socialization to expectations or standards of behaviour. Patterns are stable and change only minimally during adulthood. Individuals learn behaviours that are approved by society through the following processes:

FIGURE **22–2** An individual's appearance influences self-concept. (From *Mosby's Textbook for Nursing Assistants* (6th ed.), by S. A. Sorrentino, 2004, St. Louis, MO: Mosby.)

- *Reinforcement-extinction:* Certain behaviours become common or are avoided, depending on whether they are approved and reinforced or discouraged and punished.
- *Inhibition:* An individual learns to refrain from behaviours, even when tempted to engage in them.
- *Substitution:* An individual replaces one behaviour with another, which provides the same personal gratification.
- *Imitation:* An individual acquires knowledge, skills, or behaviours from other members of the social or cultural group.
- *Identification:* An individual internalizes the beliefs, behaviour, and values of role models into a personal, unique expression of self.

Ideal societal role behaviours are often hard to achieve in real life. Individuals have multiple roles and individual needs that often conflict. For example, an individual may be a mother of three children, a child of elderly parents, and an employee. Each role involves meeting certain expectations. To function effectively in multiple roles, a person must know the expected behaviour and values, desire to conform to them, and be able to meet the role requirements. Successful adults learn to distinguish between ideal role expectations and realistic possibilities. Fulfillment of these expectations leads to an enhanced sense of self. Difficulty or failure in meeting role expectations leads to deficits and often contributes to decreased self-esteem or altered self-concept.

Self-Esteem. **Self-esteem** is an individual's overall sense of self-worth or the emotional appraisal of the self. It represents the overall judgment of personal worth or value (Judge & Bono, 2001). Self-esteem is positive when one feels capable, worthwhile, and competent (Rosenberg, 1965).

According to Erikson (1963), young children begin to develop a sense of usefulness or industry by learning to act on their own initiative. Children's self-esteem is related to their evaluation of their effectiveness at school, within the family, and in social settings. Others' evaluation of the child is also likely to have a profound influence on a child's self-esteem.

Global self-esteem levels tend to be highest in childhood, possibly because children's sense of self is inflated by a variety of positive sources (Robins et al., 2002). Self-esteem tends to decline in adolescence, which may be partially understood in the context of maturational changes associated with puberty and increased expectations associated with the transition from primary to secondary school. This decline may also be associated with a shift to more realistic information about the self. Social and emotional support has been shown to be positively related to self-esteem and well-being in early adolescence (Park, 2003; Yarcheski, Mahon, & Yarcheski, 2001).

Safety Alert. Individuals with low self-esteem are more likely to engage in practices harmful to their health. A decline in self-esteem in adolescence is often associated with an increased need for attention. This need for attention may be demonstrated in unsafe behaviours, such as premature sexual activity, unprotected sex, or substance abuse. In addition, adolescents may take more risks when they begin to drive. These risks threaten the adolescent's health and have implications for health care interventions.

Self-esteem levels rise gradually during adulthood and decline sharply in old age (Robins et al., 2002). In general, this pattern holds true across gender, socio-economic status, and ethnicity. Erikson's emphasis on the generativity stage (1963; see chapter 18) may explain the rise in self-esteem and self-concept in adulthood. The individual is focused on being increasingly productive and creative at work, while at the same time promoting and guiding the next generation. Other than childhood, the mid-60s represents the highest level of self-esteem across the lifespan. At around the age of 70 years, self-esteem declines sharply, which, according to Erikson's stages of development, reflects a diminished need for self-promotion and a shift in self-concept to a more modest and balanced view of the self (Robins et al., 2002).

A consideration of the relationship between a person's self-concept and his or her ideal self can enhance understanding of self-esteem. The ideal self consists of the aspirations, goals, values, and standards of behaviour that a person considers ideal and strives to attain. The ideal self originates in the preschool years and develops throughout life; it is influenced by societal norms and the expectations and demands of parents and significant others. In general, a person whose self-concept comes close to matching the ideal self has high self-esteem, whereas a person whose self-concept varies widely from the ideal self suffers from low self-esteem. A child who excels in school and who is liked by peers is more likely to have high self-esteem than is a child who has difficulty in school and is not liked by peers.

Self-evaluation is an ongoing mental process. A positive sense of self-esteem is an important variable in determining how an individual functions in the world. A person's ability to contribute to society in a meaningful way often affects self-concept and self-esteem. Once established, basic feelings about the self tend to be constant, although there may be some fluctuation. A situational crisis may temporarily affect one's self-esteem. Individuals who are sick and unable to be involved in society may feel worthless. The nurse's acceptance of a client as an individual with worth and dignity can help maintain and improve the client's self-esteem.

Stressors Affecting Self-Concept

A self-concept stressor is any real or perceived change that threatens identity, body image, or role performance (Figure 22–3). A stressor challenges a person's adaptive capacities. The most important factor in determining an individual's response is the individual's perception of the stressor. The ability to re-establish balance is related to numerous factors, including the number of stressors, duration of the stressors, and health status (see chapter 26). The normal process of maturation and development itself is a stressor. Changes that occur in physical, spiritual, emotional, sexual, familial, and socio-cultural health can affect self-concept. Being able to adapt to stressors is likely to lead to a positive sense of self, whereas failure to adapt often leads to a negative sense of self.

Any change in health can be a stressor that potentially affects self-concept. A physical change in the body can lead to an altered body image affecting identity and self-esteem. Chronic illnesses often alter role performance, which may alter one's identity and self-esteem. Loss of a partner can lead to loss of identity and lower self-esteem (Van Baarsen, 2002). An essential process in adjusting to loss is the development of a new self-concept. The case study in Box 22-3 illustrates the interrelationships among the components of self-concept.

Crisis occurs when a person cannot overcome obstacles with the usual methods of problem solving and adaptation. Any crisis potentially threatens self-concept and self-esteem. Some crises, such as the one presented in Box 22-3, directly affect all components of self-concept. The stressors created as a result of a crisis can also affect health status if the person is unable to adapt. If the resulting identity confusion, disturbed body image, low self-esteem, role conflict, role strain, role ambiguity, or role overload are not relieved, illness may result. For example, a diagnosis of cancer places additional demands on a person's established living pattern. It changes the person's appraisal of and satisfaction with the current level of physical, emotional, and social functioning. Self-esteem, learned resourcefulness, and social support have been shown to predict health-related quality of life for long-term survivors of cancer, with self-esteem being the strongest predictor (Pedro, 2001). Health-related quality of life may increase with interventions such as nurse-led support groups aimed at supporting and improving self-esteem. During self-concept crises, supportive and educative resources can help a person learn new ways of coping and responding to the stressful event or situation to maintain or enhance self-concept.

Identity Stressors. Developmental markers such as puberty, menopause, retirement, and decreasing physical

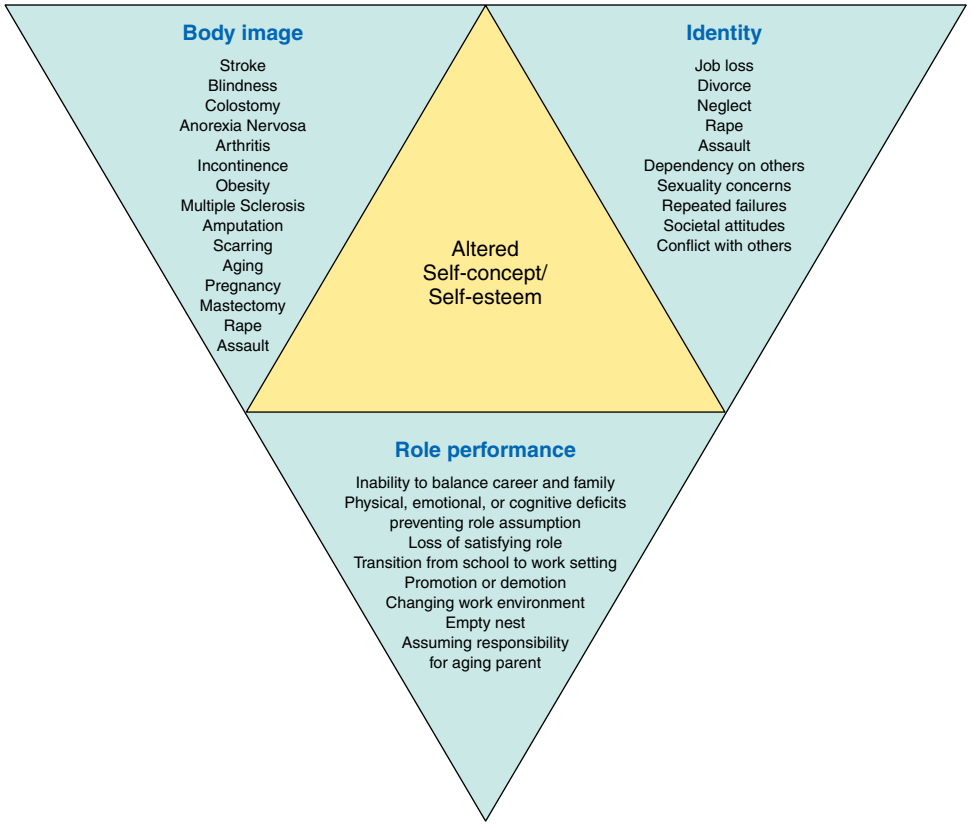

FIGURE **22–3** Common stressors that influence self-concept. (From *Wong's Nursing Care of Infants and Children* (7th ed.), edited by M. Hockenberry et al., 2003, St. Louis, MO: Mosby.)

abilities may affect identity. Identity, like body image, is closely related to appearance and abilities. An individual's identity is affected by stressors throughout life but is particularly vulnerable during adolescence, a time marked by great change. Adolescents are trying to adjust to the physical, emotional, and mental changes of increasing maturity, which can result in insecurity and anxiety. It is also a time when the adolescent is developing psychosocial competence, including coping strategies (see chapter 26). A positive self-concept in adolescence impacts psychological and physical health in young adulthood (Box 22-4).

An adult generally has a more stable identity and thus a more firmly developed self-concept. Cultural and social stressors, rather than personal stressors, may have more impact on an adult's identity. For example, an adult may have to balance career and family, or make choices regarding honouring religious or cultural traditions. Retirement may mean the loss of an important means of achievement and continued success. People at retirement may begin to re-evaluate their identities and accomplishments. Loss of a significant other can lead the surviving individual to re-examine aspects of his or her identity.

Identity confusion results when people do not maintain a clear, consistent, and continuous consciousness of personal identity. It may occur at any stage of life if a person is unable to adapt to identity stressors. Under extreme stress, an individual may experience disturbed personal identity, a state in which the differences between the self and others cannot be determined.

Body Image Stressors. Changes in the appearance, structure, or function of a body part requires an adjustment in body image. An individual's perception of the change and the relative importance placed on body image will affect the significance of a loss of function or change in appearance. For example, if a woman's body image incorporates reproductive functions as the ideal, a hysterectomy secondary to uterine cancer may be a very significant alteration and may result in a perceived loss of femininity or wholeness. Changes in body appearance, such as an amputation, facial disfigurement, or burns, are obvious stressors affecting body image. Mastectomy and colostomy are surgical procedures that alter body appearance and function. Even though these changes may be undetected by others, they can have a significant impact on the individual. Even some elective changes such as breast augmentation or reduction can affect body image. Chronic illnesses such as heart and renal disease decrease function. Anticipated body changes resulting from the developmental process can also affect body image. In addition, the effects of pregnancy, significant weight gain or loss, pharmacological management of illness, or radiation therapy change body image. Negative body image can lead to adverse health outcomes.

Many people associate success with a specific body part or function. For example, athletes may consider their bod-

Case Study Box 22-3

Paul, a 48-year-old man, has a sudden, unexpected stroke. He had not even been aware that he was hypertensive. Paul awakens in the hospital to find that he cannot move his right hand. He cannot care for himself and is unable to turn himself for days. With the nurse's constant encouragement, he is finally able to pull himself out of bed and into a chair. He wonders what lies ahead for him. Paul's body image has dramatically changed from that of a physically strong man to that of a helpless individual. Paul worries about his family and their future. His oldest child is away at college, and his youngest is still in high school. Paul and his wife, Meredith, are scared. Although Meredith works, they are not able to meet their monthly expenses or to educate their children without Paul's wages. Paul's role as primary financial provider for the family may be drastically changed if his condition does not improve.

Paul's self-esteem diminishes as his recovery and rehabilitation progress slowly. His self-concept has changed from a person who is self-sufficient to someone who must rely on others. Although he is now at home in the rehabilitation process, Paul is not able to perform tasks for the family and must wait until his wife and son get home to help him with activities that require strength. Paul's adaptation capabilities are stretched to the maximum, although his physician tells him that he is very fortunate to be alive. Paul's identity is not clear to him anymore. He has no clear role within the family, his body image has been drastically altered, and his self-esteem is spiralling lower and lower.

Paul continues in outpatient physiotherapy. He requires significant time and energy even for simple tasks. Nevertheless, he slowly begins to gain some strength. After several months, he is able to return to work, with a few modifications to ensure his safety. He has some diminished mental agility and muscle weakening, but he is able to perform most aspects of his job. His self-esteem improves, and his body image is enhanced. Although he still feels somewhat altered, his physical capabilities closely resemble those he had before the stroke.

Research Highlight Box 22-4

Adolescent Self-Concept and Health

Research Focus

There is considerable literature on adolescent self-concept but little is known about its long-term impact on health. Understanding the role of self-concept in adolescent health will help nurses develop strategies to promote adolescent health and design health education programs to meet the needs of this population.

Research Abstract

The purpose of this longitudinal study was to examine factors associated with adolescent self-concept and the impact of adolescent self-concept on psychological and physical health and health behaviour in later adulthood. The study analyzed data from two cycles of the National Population Health Survey, a general health survey of a representative sample of Canadians aged 12 years or older in the 10 provinces. Findings showed that girls tend to have lower self-concept in adolescence than do boys of the same age. Self-concept was associated with household income and with adolescents' perceived level of emotional support. A weak self-concept was predictive of depression six years later among girls, physical inactivity among boys, and obesity among adolescents of both sexes. A strong self-concept had a positive long-term effect on girls' (but not boys') self-perceived health.

Evidenced-Based Practice

- Adolescent self-concept and self-esteem are important issues to be addressed when promoting adolescent health in a variety of settings.
- Nurses should provide emotional support to adolescents and assist them to access emotional support from significant others in their lives.
- Health promotion policies and health education programs would benefit from including strategies to enhance adolescents' self-concept and self-esteem.

Reference

Park, J. (2003). Adolescent self-concept and health into adulthood [Catalogue 82-003]. *Health Reports, 14,* 41–52.

ies and physical activities to be the focus of personal success. Adaptation and rehabilitation may be affected if they can never again participate in athletics because of an accident or injury. To surgeons, an amputation of a finger would significantly alter their ability to perform surgery. This change may affect their perception of worth as individuals. Body image changes necessitate the revision of long-accepted self-perceptions, as well as alterations in lifestyle. To regain a positive self-concept and self-esteem, each person must adapt to his or her body image stressors.

Society's response to an individual's physical changes may be affected by the conditions surrounding the alteration. For example, paralysis resulting from an act of war may result in the individual being treated as a hero and being praised for self-sacrifice. However, paralysis resulting from a car accident in which the person was intoxicated would likely result in a very different response from society.

Role Performance Stressors. Throughout life a person undergoes numerous role changes. Normal changes associated with growth and maturation result in developmental transitions. Situational transitions occur when parents, spouses, children, or close friends die or people move, marry, divorce, or change jobs. A health-illness transition is a movement from a state of health or well-being to one of illness. A shift along the continuum from illness to wellness is as stressful as a shift from wellness to illness. Any of these transitions may lead to role conflict, role ambiguity, role strain, or role overload.

Role conflict results when a person simultaneously assumes two or more roles that are inconsistent, contradictory, or mutually exclusive. For example, when a middle-age woman with teenage children assumes responsibility for caring for her older parents, conflicts may arise in relation to being both the adult child and the caregiver of her parents. Negotiating a balance of time and energy between her

children and parents may also create role conflicts. The perceived importance of each conflicting role influences the degree of conflict experienced. The **sick role** involves the expectations of others and society regarding how one should behave when sick. Role conflict may occur when general societal expectations (take care of yourself and you will get better) and the expectations of co-workers (need to get the job done) collide. The conflict of taking care of oneself while getting everything done can be a major challenge.

Role ambiguity involves unclear role expectations. When there are unclear expectations, people may be unsure about what to do or how to do it. Such a situation is often stressful and confusing. Role ambiguity is common in adolescence. Adolescents are pressured by parents, peers, and the media to assume adult-like roles, but many adolescents lack the resources to move beyond the role of dependent children. Role ambiguity is also common in employment situations. In complex, rapidly changing, or highly specialized organizations, employees often become unsure about job expectations.

Role strain blends role conflict and role ambiguity. Role strain may be expressed as a feeling of frustration when a person feels inadequate or unsuited to a role. Role strain is often associated with gender role stereotypes (Stuart & Laraia, 2001). Others may perceive women in positions traditionally held by men as less competent, less objective, or less knowledgeable than their male counterparts. Women may feel that they must work harder and be better to compete. Men in traditionally female roles may also encounter gender bias.

Role overload involves having more roles or responsibilities within a role than are manageable. It is frequently reflected in an individual who unsuccessfully attempts to meet the demands of work and family while carving out some personal time. Often during periods of illness or change, those involved, either as the one who is ill or as a significant other, find themselves in role overload.

Self-Esteem Stressors. Individuals with high self-esteem are generally more resilient and are better able to cope with demands and stressors than those with low self-esteem. Low self-worth can contribute to feeling unfulfilled and misunderstood and can result in depression and unremitting uneasiness or anxiety. Illness, surgery, or accidents that change life patterns may also influence feelings of self-worth. Chronic illnesses such as diabetes, arthritis, and cardiac dysfunction require changes in accepted and long-assumed behavioural patterns. The more the chronic illness interferes with the ability to engage in activities contributing to feelings of worth or success, the more it affects self-esteem.

Self-esteem stressors vary with developmental stages. Perceived inability to meet parental expectations, harsh criticism, inconsistent discipline, and unresolved sibling rivalry may reduce children's level of self-worth. Some data suggest that the maximum difference in self-esteem between boys and girls occurs in junior high school and also indicate that a gender difference exists in early adolescent coping strategies (Byrne, 2000).

Negative thinking and low self-esteem in college-age women have been shown to be potential predictors for later development of depression (Pedan et al., 2000). Stressors affecting self-esteem include failures in work and relationships. Pregnancy also introduces unique self-concept stressors. Low self-esteem is one of the strongest predictors of postpartum depression (Beck, 2001). In older adults, self-concept stressors include health problems, declining socio-economic status, spousal loss or bereavement, loss of social support, and decline in achievement experiences following retirement (Box 22-5).

Box 22-5 Focus on Older Adults

- Promoting a positive self-concept in all older adults is essential, but it is especially important for those experiencing disability or frailty.
- Conducting a life review or participating in a reminiscence group, recording an oral history, or arranging a photo scrapbook of meaningful life events are examples of activities to help older adults feel a sense of self-worth about their life while providing a legacy for younger family members (Eliopoulos, 2001).
- Potential threats to the self-esteem of older adults may arise from the institutional environments where they receive care. These threats can include dependence, devaluation, depersonalization, functional impairments, and lack of control over one's environment. Nursing interventions directed toward reducing or eliminating these threats result in improved quality of life for the older adult (Miller, 1999).
- Self-concept may be negatively affected in older adulthood secondary to a number of life changes, including health problems, declining socio-economic status, spousal loss or bereavement, loss of social support, and decline in achievement experiences following retirement (Stuart & Laraia, 2001).
- Be alert to older adults' preoccupation with physical complaints; conduct a comprehensive assessment and encourage clients to verbalize needs, feelings, and emotions such as fear, insecurity, and loneliness (Robins et al., 2002).
- By actively listening and accepting the person's feelings, being respectful, and praising health-seeking behaviours, the nurse will convey that the older adult is worthwhile.

Family Effect on Self-Concept Development

The family plays a key role in creating and maintaining the self-concepts of its members. Children develop a basic sense of who they are from family members. Children learn from family members accepted norms for how one should think, feel, and behave. Some scholars suggest that parents are the most important influence on children's development. Specifically, a relationship exists between parents who respond in a firm, consistent, and warm manner and children's positive self-esteem and school achievement (Ruiz et al., 2002). Parents who are harsh, inconsistent, or have low self-esteem themselves may behave in ways that foster negative self-concepts in their children. Even well-meaning parents can cultivate negative self-concepts in children. To assist clients in developing a positive self-concept, the nurse may first need to assess the family's style of relating (see chapter 16).

The Nurse's Effect on the Client's Self-Concept

A nurse's acceptance of a client with an altered self-concept helps promote positive change. When a client's physical appearance has changed, likely both the client and the family will observe the nurse's verbal and non-verbal responses and reactions. Nurses need to be aware of their own feelings, ideas, values, expectations, and judgments. Self-awareness is critical in initially understanding and accepting others. Nurses who are secure in their own identities more readily accept and thus reinforce clients' identities. It is important for nurses to assess and clarify the following self-concept issues about themselves:

- Own thoughts and feelings about lifestyle, health, and illness
- Awareness of how one's non-verbal communication may affect clients and families
- Personal values and expectations and how they affect clients
- Ability to convey a non-judgmental attitude toward clients
- Preconceived attitudes toward cultural differences in self-concept and self-esteem

The client with a change in body appearance or function can be extremely sensitive to verbal and non-verbal responses of the health care team. A positive and matter-of-fact approach to care can provide a model for the client and family to follow. By conveying genuine interest and acceptance, nurses can have a positive effect on clients. Recognizing and including self-concept issues in planning and delivering care can positively influence client outcomes. Building a trusting nurse-client relationship and appropriately involving the client and family in decision making can enhance self-concept. An individualized approach may highlight a client's unique needs, including incorporating alternative health care practices or methods of spiritual expression.

Nurses can also have a significant impact on their client's body image. For example, a nurse can facilitate a woman's acceptance of her mastectomy by showing acceptance of the mastectomy scar. Clients closely watch other people's reactions to their wounds and scars. A facial expression showing shock or disgust can contribute to the woman developing a negative body image. It is critical for nurses to monitor their responses toward the client. Statements such as "This wound is healing nicely" or "This looks healthy" can be very affirming to the client.

Inadvertently frowning or grimacing when performing procedures can profoundly affect the client. The nurse's non-verbal behaviours help to convey the level of caring that exists for a client and can affect self-esteem (Figure 22–4). For example, the self-concept of an incontinent client can be threatened by the perception that the caregivers find the situation unpleasant. Nurses should anticipate their own reactions, acknowledge them, and focus on the client instead of on the unpleasant task or situation. If nurses can put themselves in the client's position, they can envision measures to ease embarrassment, frustration, and anger.

Preventative measures, early identification, and appropriate treatment can minimize the intensity of self-esteem

FIGURE **22–4** Nurses can use touch and eye contact to enhance a client's self-esteem.

stressors and the potential effects for the client and family. The nurse learns to design specific self-concept interventions to fit a client's profile of risk factors. It is essential to assess the client's perception of a problem and to work collaboratively to resolve self-concept issues. For example, low-income women defined different barriers to returning to work than those that had been traditionally identified by professionals (Box 22-6). Thus, the nurse must use a different set of interventions for this group of clients.

Critical Thinking

Self-concept profoundly influences a person's response to illness. A critical thinking approach to care is essential. This approach requires synthesis of knowledge, experience, information gathered from clients and families, critical thinking attitudes, and intellectual and professional standards. The nurse needs to use solid clinical judgment, anticipate the required information, collect and analyze the data, and make appropriate decisions regarding client care.

In the case of self-concept, the nurse must integrate knowledge from nursing and other disciplines, including self-concept theory and communication principles, and consider cultural and developmental factors. Previous experience in caring for clients with alterations in self-concept assists the nurse in individualizing care for each client. The nursing process is continuous until the client's self-concept is improved, restored, or maintained.

Self-Concept and the Nursing Process

Assessment

In assessing self-concept and self-esteem, the nurse first focuses on the various components of self-concept (identity, body image, and role performance). Assessment should also include behaviours suggestive of an altered self-concept (Box 22-7), actual and potential self-concept

Research Highlight

Box 22-6

Promoting Self-Esteem and Self-Sufficiency

Research Focus

Low-income women encounter many barriers as they struggle to enter the workforce and become self-sufficient. Understanding the barriers that women face from the women's perspective is important so that nurses can develop interventions specifically targeted to assist these women in achieving self-sufficiency and health.

Research Abstract

A group of low-income women participated in a qualitative study to identify barriers to achieving self-sufficiency. The women were attending an occupational skills training centre designed to assist low-income, unemployed, or underemployed women in their transition to the workforce. The women identified eight obstacles to self-sufficiency, including lack of self-esteem, especially about returning to school; having "bad" relationships with men; lack of support from family and friends; limited life options; lack of training; lack of quality programs; criminal histories; and fear of success. Inadequate child care and transportation were not identified as barriers by the women themselves but were viewed as socially acceptable reasons for not working.

Evidence-Based Practice

Promoting empowerment, building self-esteem, and developing self-efficacy in women living in low income are important means of promoting behavioural change.

- Nursing resources should be aimed at addressing fundamental self-concept deficits.
- Modifying the nursing approach to match identified client needs is needed to ensure client and family health.
- Follow-up services, including home care and community health, are needed to promote family health.

Reference

Brown, S. G., & Barbosa, G. (2001). Nothing is going to stop me now: Low- income women as they become self-sufficient. *Public Health Nursing, 18*(5), 364–372.

stressors (see Figure 22–3, *p.* •••), and coping patterns. Gathering comprehensive assessment data requires the nurse to critically synthesize information from multiple sources (Figure 22–5).

In addition to direct questioning, much of the data regarding self-concept are effectively gathered through observing the client's non-verbal behaviour and by paying attention to the content of the client's conversation. The nurse should take note of the manner in which clients talk about significant people in their lives, because this observation can provide clues to both stressful and supportive relationships, as well as to key roles that the client assumes. Using knowledge of developmental stages to determine what areas are likely to be important to the client, the nurse should inquire about these aspects of the person's life. For example, the nurse might ask a 65-year-old client about his or her life and what has been important to him or her. At this stage of development, individuals are examining their lives and considering the impact they have had in the world. The individual's conversation will likely provide data relating to role performance, identity, self-esteem, stressors, and coping patterns. At appropriate times, it may be useful to ask specific questions (Table 22-1).

Coping Behaviours. The nursing assessment should also include considering previous coping behaviours; the nature, number, and intensity of the stressors; and the client's internal and external resources. Knowledge of how a client has dealt with stressors in the past can provide insight into the client's style of coping. People do not address all issues in the same way, but often use a familiar coping pattern for newly encountered stressors. As the nurse identifies previous coping patterns, it is useful to determine whether these patterns have contributed to healthy functioning or created more problems. For example, the use of drugs or alcohol during times of stress often creates additional stressors (see chapter 26).

Exploring resources and strengths, such as the availability of significant others or prior use of community resources, can be important in formulating a realistic and effective plan. It is also critical to understand how the client views the situation. For example, it may be that older women are more accustomed to changes in their health status because of the aging process in general, and experiencing heart disease may be one more aspect of growing older. On the other hand, a cardiac event occur-

Box 22-7 **Behaviours Suggestive of Altered Self-Concept**

Avoidance of eye contact
Slumped posture
Unkempt appearance
Overly apologetic
Hesitant speech
Overly critical or angry
Frequent or inappropriate crying
Negative self-evaluation
Excessively dependent
Hesitant to express views or opinions
Lack of interest in what is happening
Passive attitude
Difficulty in making decisions

FIGURE **22–5** Critical thinking model for self-concept assessment.

ring in middle age may be less expected and more problematic for women in terms of family and career responsibilities and thus elicit a more dramatic change in anxiety (Plach, Napholz, & Kelber, 2001).

Significant Others. Valuable data may also evolve out of conversations with family and significant others. These individuals may have insights into the person's way of dealing with stressors or knowledge about what is important to the person's self-concept. The way the person talks about the client and the significant others' non-verbal behaviours may provide information about what kind of support is available for the client.

Client Expectations. Also important in assessing self-concept is the person's expectations. Asking clients how they believe interventions will make a difference can indicate their expectations and provide an opportunity to discuss their goals. For example, a nurse working with a client who is experiencing anxiety related to an upcoming diagnostic test might ask about the relaxation exercise that they have been practising together. The client's

Table 22-1 Nursing Assessment of Client's Self-Concept

Assessment Questions*	Responses Reflecting Difficulties With Self-Concept
Identity	
"How would you describe yourself?"	Derogatory answers (e.g., "I don't know; there's not too much worth mentioning") should raise concern.
Body Image	
"What aspects of your appearance do you like?" "Are there any aspects of your appearance that you would like to change? If yes, describe the changes you would make."	Most people can identify something about their appearance that they like (e.g., "I have nice eyes"). If a person cannot identify any positive characteristic, this is suggestive of a negative body image and poor self-esteem. Most people have something that they would like to change (e.g., "My nose is too big" or "My hips are too large"), but a long list of problem areas may suggest difficulties with self-concept.
Self-esteem	
"Tell me about the things you do that make you feel good about yourself." "How do you feel about yourself?"	Statements about not having any strengths or being able to do anything well should raise concern.
Role Performance	
"Tell me about your primary roles (e.g., partner, parent, friend, sister, professional role, volunteer). How effective are you at carrying out each of these roles?"	The nurse should listen for the number of primary roles identified. A large number of primary roles will put the client at risk for role conflict and role overload. As with questions above, if the client indicates that he or she does not feel that these roles are adequately covered, the person may be experiencing alterations in self-concept. Although most people carry out many roles and often feel as though some of them are not adequately addressed, listen for the person's perception about his or her overall role competency.

*In addition to the client's verbal response, the nurse should note non-verbal behaviours. Hesitant speech, poor eye contact, and hunched posture suggest alterations in self-concept.

response will provide the nurse with valuable information about the client's beliefs and attitudes regarding the efficacy of the intervention as well as the potential need to modify the nursing approach.

Nursing Diagnosis

The nurse has to carefully consider assessment data to identify a client's actual or potential problem areas. The nurse relies on knowledge and experience, applies appropriate professional standards, and looks for clusters of defining characteristics that indicate a nursing diagnosis. Although there are multiple nursing diagnostic labels for altered self-concept, the following list provides examples of self-concept-related nursing diagnoses:

- Impaired adjustment
- Anxiety
- Disturbed body image
- Caregiver role strain
- Decisional conflict
- Ineffective coping
- Ineffective denial
- Fear
- Hopelessness
- Disturbed personal identity
- Risk for loneliness
- Ineffective role performance
- Chronic low self-esteem
- Situational low self-esteem
- Ineffective sexuality patterns
- Impaired social interaction
- Spiritual distress
- Risk for self-directed violence

Making nursing diagnoses about self-concept is complex. Often, isolated data could be the defining characteristics for more than one nursing diagnosis (Box 22-8). For example, a client might express feelings of uncertainty and inadequacy. These are defining characteristics for both *anxiety* and *situational low self-esteem*. Awareness that the client is demonstrating defining characteristics for more than one nursing diagnosis can guide the nurse to gather specific data to validate and differentiate the underlying problem. To further assess the possibility of *anxiety* as the nursing diagnosis, the nurse might consider whether the person has any of the following defining characteristics: Is the person experiencing increased muscle tension, shakiness, a sense of being "rattled," or restlessness? These symptoms would suggest *anxiety* as the more appropriate diagnosis. On the other hand, if the person expresses a predominantly negative self-appraisal, including inability to handle situations or events and difficulty making decisions, these characteristics would suggest that *situational low self-esteem* may be the more appropriate nursing diagnosis. To further aid the nurse in differentiating between the two diagnoses, information regarding recent events in the person's life and how the person has viewed himself or herself in the past would

Nursing Diagnostic Process

Box 22–8

Assessment Activities	Defining Characteristics	Nursing Diagnosis
Observe client's behaviour during conversation. Empathically communicate, "Tell me how you are coping" or "Let's talk about what you are thinking and feeling about tomorrow's procedure."	Client demonstrates restlessness, inability to maintain eye contact, facial tension, increased perspiration, and self-preoccupation. Client replies, "I'm scared. They may amputate my leg tomorrow. I just don't know how I'll manage. I couldn't sleep last night. On top of the pain, I just kept thinking about everything."	Anxiety related to accidental injury, pain, uncertainty of outcome of upcoming surgery

provide insight into the most appropriate nursing diagnosis. As additional data are gathered, usually the priority nursing diagnosis becomes evident.

To validate critical thinking regarding a nursing diagnosis, the nurse can share observations with the client and allow the client to verify the nurse's perception. This approach often results in the client providing additional data, which further clarifies the situation. In the above example, if the nurse said, "I notice you haven't eaten much breakfast or lunch today," the response to this statement coupled with the client's non-verbal communication could facilitate further discussion. An alternative approach may be to state, "I notice you jumped when I came up behind you. Are you feeling uneasy today?" This statement could allow the client to verify whether he or she is in fact anxious and to tell the nurse about any concerns.

Planning

During planning, the nurse again synthesizes knowledge, experience, critical thinking attitudes, and standards (Figure 22–6). Critical thinking ensures that the client's care plan integrates all that the nurse knows about the individual, as well as key critical thinking elements (see Care Plan, *p.* •••). Professional standards are especially important to consider when the nurse develops a plan of care. These standards often establish ethical or evidence-based practice guidelines for selecting effective nursing interventions.

Another method to assist in planning care is a concept map (Figure 22–7). A concept map shows the relationship between a medical diagnosis, post-operative reconstruction of severe facial scars, and the four nursing diagnoses. The concept map also links the nursing diagnoses and shows how they are interrelated. In this example, there is a relationship between disturbed body image and situational low self-esteem. As the client's facial scars improve, she should begin to feel better about her appearance.

Goals and Outcomes. The nurse develops an individualized plan of care for each nursing diagnosis. The nurse and client set realistic expectations for care. Goals should be individualized and realistic with measurable outcomes. In establishing goals, the nurse should consult with the client about whether the goals are perceived as realistic. Consultation with significant others, mental health clinicians, and community resources can result in a more comprehensive and workable plan. Once a goal has been formulated, the nurse should consider how the data that illustrated the problem would change if the problem were diminished. These changes should be reflected in the outcome criteria. For example, a client is diagnosed with *situational low self-esteem related to a recent job layoff*. The nurse and client establish a goal: "Client's self-esteem and self-concept should begin to improve in 2 weeks." Examples of expected outcomes directed toward that goal include the following:

- The client will discuss a minimum of three areas of her life where she is functioning well.
- The client will be able to voice the recognition that losing her job is not reflective of her worth as a person.
- The client attends a support group for out-of-work professionals.

Setting Priorities. The care plan presents the goals, expected outcomes, and interventions for a client with an alteration in self-concept. Interventions focus on helping the client adapt to the stressors that led to the self-concept disturbance and on supporting and reinforcing methods of coping.

Often a client perceives a situation as overwhelming and may feel hopeless about returning to the previous level of functioning. The client may need time to adapt to physical changes.

Establishing priorities may include therapeutic communication to address self-concept issues to ensure that the client's ability to address physical needs is maximized. The nurse should look for strengths in both the individual and the family and provide resources and education to assist the client to change limitations into strengths. Client teaching creates understanding of the normalcy of certain situations (e.g., nature of a chronic disease, change in a relationship, or effect of a loss). Often, once this is understood, the sense of hopelessness and helplessness decreases.

Continuity of Care. The perceptions of significant others are important to incorporate into the plan of care. Individuals who have experienced deficits in self-concept before the current episode of treatment may have estab-

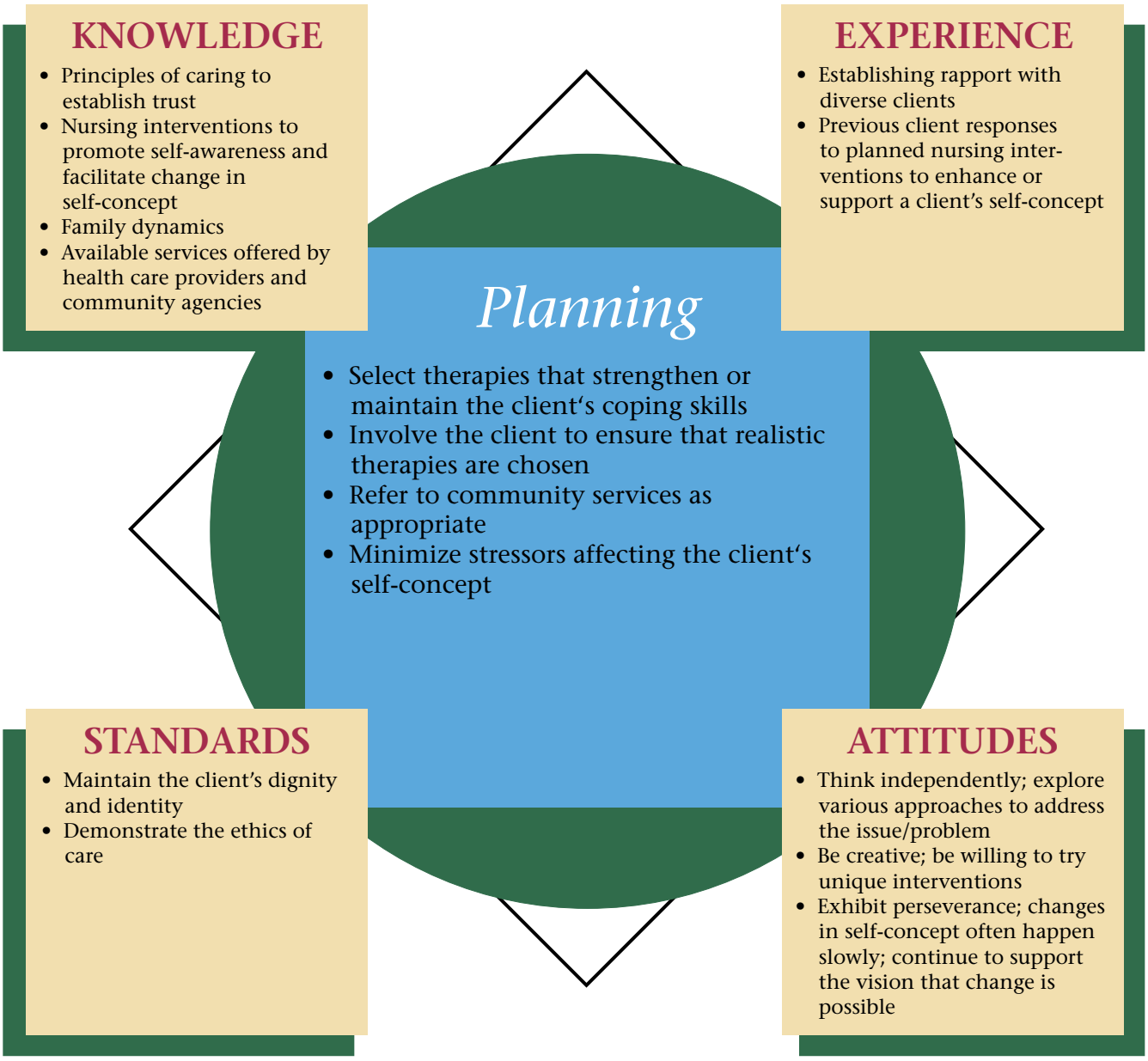

FIGURE **22–6** Critical thinking model for self-concept planning.

lished a system of support including mental health clinicians, clergy, and other community resources. Before involving the family, the nurse needs to consider the client's desires for their involvement and cultural norms regarding who most frequently makes decisions in the family.

Implementation

As with all the steps of the nursing process, a therapeutic nurse-client relationship is central to the implementation phase. Once the goals and outcome criteria have been developed, the nurse considers nursing interventions for promoting a healthy self-concept and helping the client move toward the goals. To develop effective nursing interventions, the nurse should consider the nursing diagnosis and broad interventions that address the diagnosis. These broad, standard interventions should be tailored to the individual client. Regardless of the health care setting, it is important that nurses work with clients and their families or significant others to promote a healthy self-concept. For example, nursing interventions may include strategies to help clients regain or restore the elements that contribute to a strong and secure sense of self. The approaches that nurses choose will vary according to the level of care required.

Health Promotion. The nurse may work with clients to help them develop healthy lifestyle behaviours that contribute to a positive self-concept (Box 22-9).

Nursing Care Plan

Alterations in Self-Concept

Assessment

Mrs. Johnson, a 45-year-old married woman who underwent a unilateral radical mastectomy because of malignancy, has been assigned to Miss Carr, a student nurse. Mrs. Johnson's physical assessment has been completed, and she has been adequately medicated for pain. Miss Carr sits down to discuss how the mastectomy has affected Mrs. Johnson's self-concept.

Assessment Activities	Findings/Defining Characteristics
Assess identity concerns (e.g., sexual role, femininity).	Mrs. Johnson looks away, shakes her head, and states, "I don't feel feminine. My husband says it doesn't affect how he feels about me, but I don't believe him."
Ask Mrs. Johnson how the mastectomy is affecting her sense of self.	
Observe Mrs. Johnson's mood and interactions with others, including family members.	Intermittent eye contact, frequent crying when alone, pulling hospital gown tightly across chest, superficial conversations with family members.
Determine Mrs. Johnson's participation in self-care activities.	Avoids looking in mirror; refuses to bathe, comb hair, or brush her teeth.

Nursing Diagnosis: Disturbed body image related to negative thoughts and feelings to actual change in body.

Planning

Goal	Expected Outcomes*
Mrs. Johnson will identify and express feelings verbally and non-verbally.	**Body Image** Mrs. Johnson will discuss disturbed body image with staff members and significant others within 3 days. Mrs. Johnson will consider exploring support groups by discharge.
Mrs. Johnson will participate in self-care related to mastectomy.	**Acceptance/Health Status** Mrs. Johnson will look at tissue surrounding surgery within 2 days. Mrs. Johnson will begin to attend to basic hygiene needs within 2 days.
Mrs. Johnson will identify and use resources outside the hospital.	**Social Involvement** Mrs. Johnson will verbalize commitment to participating in community resources (e.g., mastectomy support group) by discharge. By post-operative visit, Mrs. Johnson will determine if she wishes to attend support group.

*Outcome classification labels from *Nursing Outcomes Classification (NOC)* (3rd ed.), edited by S. Moorhead, M. Johnson, and M. Maas, 2004, St. Louis, MO: Mosby.

Interventions†	Rationale
Coping Enhancement	
Initially assign the same staff members to work with Mrs. Johnson.	Continuity in care will facilitate the establishment of a therapeutic relationship; familiarity and trust will enhance communication.
Approach Mrs. Johnson and initiate conversation; use silence and active listening to promote communication.	Mrs. Johnson's ability to initially find the words for what she is experiencing may be limited.
Remain aware of your own feelings regarding Mrs. Johnson's bodily changes and physical appearance.	Inadvertently communicating discomfort or negativity will interfere with Mrs. Johnson's ability to openly communicate her feelings.
Have Mrs. Johnson spend time alone and with supportive family members for crying, recording in her journal, reflection, or prayer.	Encourages expression of thoughts and feelings including depression, grief, resentment, and fear of rejection.
Facilitate evaluation of overall self-concept.	The impact on body image may influence other aspects of self-concept and self-esteem, including perception of identity and role performance.

Nursing Care Plan

Alterations in Self-Concept—cont'd

Interventions†—cont'd	Rationale
Coping Enhancement—cont'd	
Involve Mrs. Johnson's husband in discussion of uncomfortable issues such as areas of sexual concerns.	Family involvement is an essential element of comprehensive care. Sexuality is a basic need and concern for both men and women, yet can be one of the most difficult discussions for clients to initiate.
Assist Mrs. Johnson to identify and use appropriate support systems outside the hospital including home health care.	Support can assist the client in feeling normal again and in integrating a new body image into her self-concept.

†Intervention classification labels from *Nursing Interventions Classification (NIC)* (4th ed.), edited by J. M. Dochterman and G. M. Bulechek, 2004, St. Louis, MO: Mosby.

Evaluation

Nursing Actions	Client Response/Finding	Achievement of Outcome
Ask Mrs. Johnson how effective she feels in her ability to identify and express feelings verbally and nonverbally.	Mrs. Johnson responds, "It's hard for me to talk about myself, but I have really made an effort to talk about what the loss of my breast means to me."	Mrs. Johnson reports improvement in communication skills and success with discussing disturbed body image with primary nurse and husband.
Observe Mrs. Johnson's participation in self-care related to mastectomy.	Mrs. Johnson assumed responsibility for basic hygiene immediately after establishing the goal and has used a mirror to examine her mastectomy scar.	Mrs. Johnson has increased her independence and has begun to integrate body image change into her self-concept.
Assist Mrs. Johnson to identify resources outside the hospital; secure a commitment to use resources.	Mrs. Johnson will verbalize commitment to participating in community resources (e.g., mastectomy support group).	Outcome has not been completely achieved; Mrs. Johnson has expressed hesitancy in attending a support group, but is receptive to home care. Home care nurse to ensure goal is re-evaluated and addressed as appropriate.

Acute Care. In the acute care setting, the nurse is likely to care for clients who are experiencing potential threats to their self-concept because of the nature of the treatment and diagnostic procedures. Threats to a person's self-concept can result in anxiety or fear. Numerous stressors, including unknown diagnoses, the need to make changes in lifestyle, and change in functioning, may be present and need to be addressed. In the acute care setting, there is often more than one stressor, thus increasing the overall stress level for the client and family.

Nurses in the acute care setting also encounter clients who are faced with the need to adapt to an altered body image as a result of surgery or other physical changes. Often a visit by someone who has experienced similar changes and adapted to them (e.g., someone who has had a laryngectomy) may be helpful. The timing of such a visit is important. Because addressing these needs may be difficult while in an acute care setting, appropriate follow-up and referrals, including home care, are essential. The nurse needs to be sensitive to the client's level of acceptance of the change. Forcing confrontation with the change before the client is ready could delay the person's acceptance. Signs that a person may be receptive to such a visit would include the client's asking questions related to how to manage a particular aspect of what has happened or looking at the changed area. As the client expresses readiness to integrate the body change into his or her self-concept, the nurse can either let the client know about groups that are available or ask the client if he or she would like the nurse to make the contact. Another way in which nurses can facilitate adjustment to a change in physical appearance is through their own response to the change. As the nurse responds with acceptance, this models acceptance for both the client and the family.

Restorative Care. Often in a long-term nurse-client relationship in a home care environment, nurses have the opportunity to work with clients to attain a more positive self-concept (Box 22-10). Interventions designed to help a client attain a positive self-concept are based on the premise that the client first develops insight and self-awareness concerning problems and stressors and then acts to solve the problems and cope with the stressors. This approach, outlined by Stuart and Laraia (2001), can

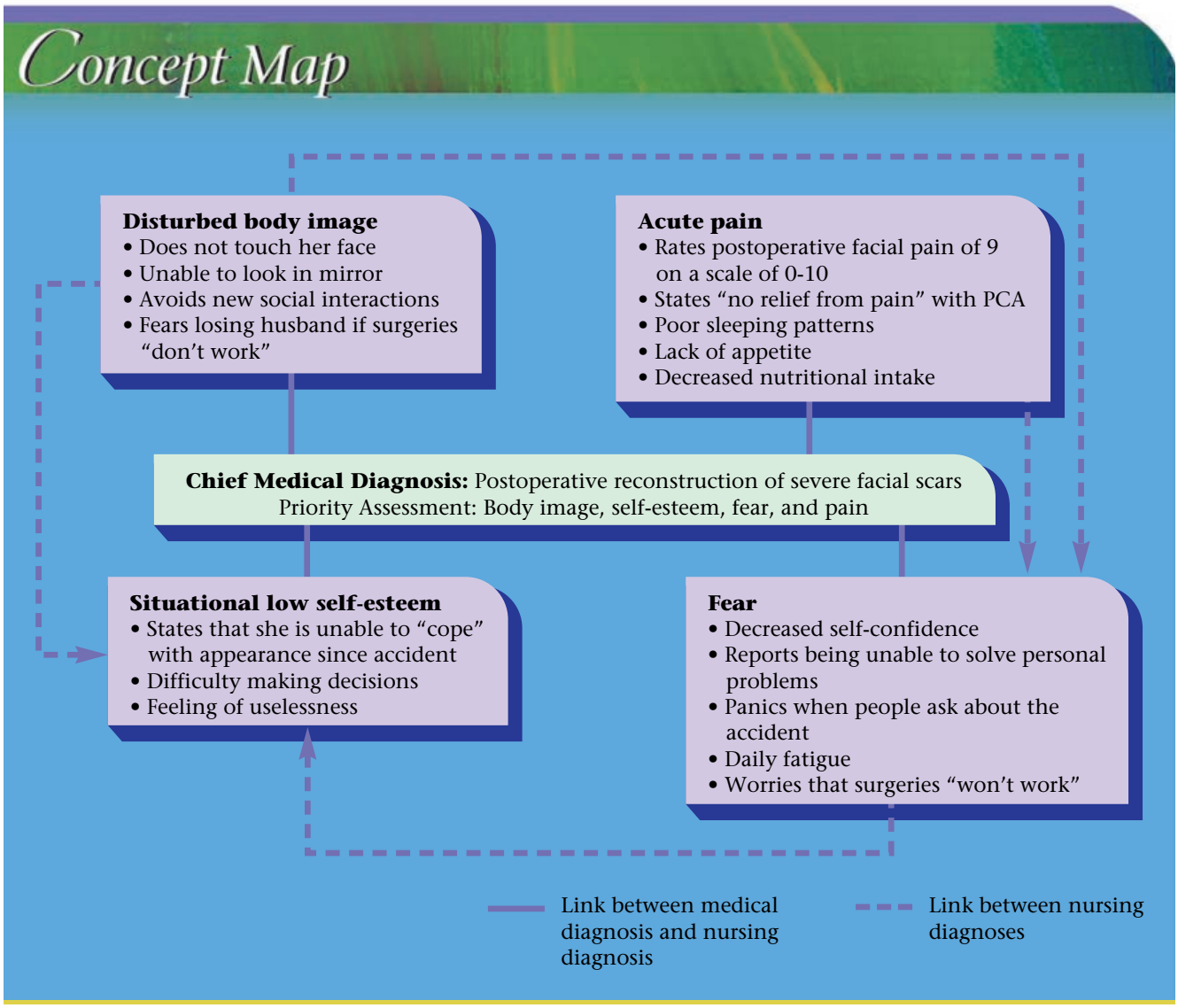

FIGURE **22–7** Concept map for client who is post-operative for reconstruction of severe facial scars.

be incorporated into client teaching for alterations in self-concept, including situational low self-esteem, which might present in the home care setting.

Increasing the client's self-awareness is achieved through establishing a trusting relationship that allows the client to openly explore thoughts and feelings. A priority nursing intervention continues to be the expert use of communication skills to clarify client and family expectations. Open exploration can make the situation less threatening for the client and encourages behaviours that expand self-awareness. Encouraging the client's self-exploration is achieved by accepting the client's thoughts and feelings, by helping the client to clarify interactions with others, and by being empathetic. The nurse encourages self-expression and stresses the client's self-responsibility. Promoting the client's self-evaluation involves helping the client to define problems clearly and to identify positive and negative coping mechanisms. The nurse works closely with the client to help analyze adaptive and maladaptive responses, contrast different alternatives, and discuss outcomes.

Collaborating with the client in establishing realistic goals involves helping the client identify alternative solutions and develop realistic goals based on them. This collaboration facilitates real change and encourages further goal-setting behaviours. The nurse designs opportunities that result in success, reinforces the client's skills and strengths, and assists the client in getting needed assistance. Assisting the client in becoming committed to decisions and actions to achieve goals involves teaching the client to move away from ineffective coping mechanisms and to develop successful coping strategies. Supporting attempts that are health promoting is essential, because with each success another attempt can be made. Supporting adaptive, flexible coping is critical to intervening in self-concept alterations.

Focus on Primary Health Care — Box 22-9

Promoting Client Self-Concept

The focus of primary health care is to promote health and prevent illness by stressing client education and self-care. Measures that support adaptation to stress, such as proper nutrition, regular exercise within the client's capabilities, measures that facilitate adequate sleep and rest, and stress-reducing practices may contribute to a healthy self-concept and therefore promote health and well-being.

Nurses are in a unique position to identify lifestyle practices that put a person's self-concept at risk or are suggestive of an altered self-concept. For example, a young teacher visits a clinic with complaints of being unable to sleep and experiencing anxiety attacks. In gathering the nursing history, the nurse may learn of lifestyle practices such as excessive use of alcohol or non-prescription drugs, too little rest, or a large number of life changes occurring simultaneously. These data, when taken together, may suggest actual or potential self-concept disturbances. The nurse in this situation determines how the client views the various lifestyle elements to facilitate the client's insight into behaviours. If necessary, the nurse provides needed health teaching or makes appropriate referrals to other community services. Clients who are experiencing threats to or alterations in self-concept often benefit from mental health and community resources to promote increased awareness. Knowledge of available community resources allows the nurse to make appropriate referrals.

Client Teaching — Box 22-10

Alterations in Self-Concept

Objective

- Risks for situational low self-esteem will be reduced in the home care setting.

Teaching Strategies

- Reinforce client's expression of thoughts and feelings; clarify meaning of verbal and non-verbal communication.
- Encourage opportunities for self-care.
- Elicit client's perceptions of strengths and weaknesses.
- Convey verbally and behaviourally that client is responsible for behaviour.
- Identify relevant stressors with client and ask for appraisal of them.
- Explore client's adaptive and maladaptive coping responses to problems.
- Collaboratively identify alternative solutions; encourage alternatives not previously tried.
- Continue to reinforce strengths and successes.

Evaluation

- Confirm perception of and actual use of improved communication skills.
- Observe level of participation in decisions that affect care.
- Confirm with client and family that the increase in activities and tasks has been a positive experience.
- Observe the client's establishment of a simple routine.
- Observe the client take necessary action to change maladaptive coping responses and maintain adaptive responses.
- Confirm with client and family how new coping resources can be applied to continued change.

Modified from *Principles and Practice of Psychiatric Nursing* (7th ed.), by G. W. Stuart and M. T. Laraia, 2001, St. Louis, MO: Mosby.

Establishing a therapeutic environment and a therapeutic relationship (see chapter 14) and increasing self-awareness are critical to successfully intervening with clients who have alterations in self-concept, whether care is focused on health promotion, dealing with an acute process, or addressing restorative care. To support a client in developing a positive self-concept, the nurse must convey genuine caring (see chapter 15). The nurse can then establish a partnership with the client to address underlying problems.

Evaluation

Client Care. Evaluating success in meeting each client's goal and the established expected outcomes requires critical thinking (Figure 22–8). Frequent evaluation of client progress is recommended so that changes can be instituted if necessary. The nurse uses knowledge of behaviours and characteristics of a healthy self-concept when reviewing the client's behaviours. This method determines whether outcomes have been met.

Expected outcomes for a client with a self-concept disturbance may include non-verbal behaviours indicating a positive self-concept, statements of self-acceptance, and acceptance of change in appearance or function. Key indicators of clients' self-concept can be their non-verbal behaviours. For example, a client who has had difficulty making eye contact may demonstrate a more positive self-concept by making more frequent eye contact. Social interaction, adequate self-care, acceptance of the use of prosthetic devices, and statements indicating understanding of teaching all indicate progress. A positive attitude toward rehabilitation and increased movement toward independence facilitate a return to pre-existing roles at work or at home. Patterns of interacting can also reflect changes in self-concept. For example, a client who has been hesitant to express his or her views may more readily offer opinions and ideas as self-esteem increases. The goals of care may be unrealistic or inappropriate as the client's condition changes. The nurse may need to revise the plan, reflecting on successful experiences with other clients. Client adaptation to major changes may take a year or longer, but the fact that this period is long does not suggest problems with adaptation. The nurse should look for signs that the client has reduced some stressors and that some behaviours have become more adaptive. Changes in self-concept take time. Although change may be slow, care of the client with a self-concept disturbance can be rewarding.

FIGURE **22–8** Critical thinking model for self-concept evaluation.

Client Expectations. If the nurse has developed a good rapport with the client, the client may be able to share how things are going from his or her perspective. The nurse may be able to facilitate this sharing by initiating a review of what has happened over time. This review offers the nurse the opportunity to share perceptions and encourages clients to consider and voice how they have conceptualized any changes.

Key Concepts

- Self-concept is an integrated set of conscious and unconscious attitudes and perceptions about the self.
- Components of self-concept are identity, body image, and role performance.
- Each developmental stage involves factors that are important to developing a healthy, positive self-concept.
- Identity is particularly vulnerable during adolescence.
- Body image is the mental picture of one's body and is not necessarily consistent with a person's actual body structure or appearance.
- Body image stressors include changes in physical appearance, structure, or functioning caused by normal developmental changes or illness.
- Self-esteem is the emotional appraisal of self-concept and reflects the overall sense of being capable, worthwhile, and competent.
- Self-esteem stressors include developmental and relationship changes, illness (particularly chronic illness involving changes in what were normal activities), surgery, accidents, and the responses of other individuals to changes resulting from these events.
- Role stressors, including role conflict, role ambiguity, and role strain, may originate in unclear or conflicting role expectations and may be aggravated by illness.

- The nurse's self-concept and nursing actions can have an effect on a client's self-concept.
- Planning and implementing nursing interventions for self-concept disturbance involve increasing the client's self-awareness, encouraging self-exploration, aiding in self-evaluation, helping formulate goals for adaptation, and assisting the client in achieving those goals.

Key Terms

Body image, *p. ...*
Identity, *p. ...*
Identity confusion, *p. ...*
Role ambiguity, *p. ...*
Role conflict, *p. ...*
Role overload, *p. ...*
Role performance, *p. ...*
Role strain, *p. ...*
Self-concept, *p. ...*
Self-esteem, *p. ...*
Sick role, *p. ...*

Critical Thinking Exercises

1. You are assigned to care for a 23-year-old Chinese-Canadian client who sustained multiple fractures to his face and femur 4 days ago in a motor vehicle accident. He had surgery the evening of admission to repair his femur but was admitted to wait for surgery to his face. The client lives with his girlfriend and their 7-month-old daughter and works as a janitor in the local university. He left China with his mother when he was a young child and has grown up in Canada. You have been with him for most of the morning. He was in moderate pain, which was treated with morphine. His pain rating decreased from 6 to 3 on a scale of 0 to 10 but the morphine left him drowsy. During the morning, he shared with you some of his concerns about when he will be able to return to work. You are in the room when the surgeon tells him about his upcoming surgery. A temporary tracheotomy is planned because of the extensive surgery needed in the nasal and throat area. After the surgeon leaves, the client tells you that he does not want the tracheotomy. He indicates that he is unclear about what it actually entails, even though the surgeon explained it in fairly simple terms. He states, "I just want to get back to normal." How would you address his comment regarding "get back to normal" and his lack of understanding regarding the tracheotomy?
2. A 16-year-old girl is preparing for discharge from the hospital after giving birth 2 days earlier. She is unmarried, uninvolved with the baby's father, and has minimal familial support to assist her in caring for her newborn. Before admission, she arranged to give the baby up for adoption. She reaffirms this as a good decision because she will be able to return to school immediately and still graduate with her peers. The client confides in you that her biggest concerns right now are how she feels about herself and how she looks. Taking into account the developmental needs of this adolescent, how will you collaborate with her to establish priority interventions to address her self-concept deficits?
3. As a part of your community health experience, you are assigned to visit a 75-year-old woman who has gone to live with her daughter after being hospitalized for agitation and aggression secondary to Alzheimer's disease. When you go to their home, you find the 55-year-old daughter tearful. She says, "I just don't know if I can do this. She is so confused. She calls me two or three times a night to sit with her; sometimes she doesn't even recognize me. I've been missing a lot of work. Even when I'm there, I'm not as productive as I was before she came to live with us." What additional assessment data would be important to gather? What provisional nursing diagnosis could be made for the daughter?

Review Questions

1. When a nurse is caring for a client after mastectomy, interventions to promote physiological stability and pain control are necessary. In addition, the nurse also needs to design nursing interventions directed toward improving her
   1. Mobility
   2. Self-concept
   3. Activity tolerance
   4. Self-care activities
2. Developing self through modelling, imitation, and socialization is a self-concept developmental task during the ages of
   1. 0 to 1 year
   2. 1 to 3 years
   3. 3 to 6 years
   4. 6 to 12 years
3. The following involves the internal sense of individuality, wholeness, and consistency of a person over time and in various circumstances:
   1. Body image
   2. Self-concept
   3. Role performance
   4. Identity
4. Adolescents are at risk for body image disturbance. An accurate statement about body image is that
   1. Body image is not influenced by the opinions of others
   2. Body image refers to the external features of a person
   3. Body image includes actual and perceived perceptions of one's body
   4. Physical changes during adolescence are quickly incorporated into the person's body image
5. Certain behaviours become common or are avoided, depending on whether they are approved and reinforced or discouraged and punished. This process is called
   1. Reinforcement-extinction
   2. Inhibition
   3. Substitution
   4. Identification
6. When an individual internalizes the beliefs, behaviour, and values of role models into a personal, unique expression of self, the process is called
   1. Reinforcement-extinction
   2. Inhibition

3. Substitution
4. Identification

7. An individual's identity is affected by stressors throughout life, but the group that is particularly vulnerable to stressors because of it being a time of great change is
   1. Infants
   2. Children
   3. Adolescents
   4. Adults
8. When a person does not maintain a clear, consistent, and continuous consciousness of personal identity, it results in
   1. Identify confusion
   2. Low self-esteem
   3. Low self-concept
   4. Body image difficulties
9. The nurse asks the client, "How do you feel about yourself?" The nurse is assessing the client's
   1. Identity
   2. Body image
   3. Self-esteem
   4. Role performance
10. Increasing a client's self-awareness is achieved
    1. By establishing a trusting relationship that allows the client to explore his or her thoughts and feelings
    2. By accepting the client's thoughts and feelings
    3. By helping the client to define his or her problems clearly
    4. Through having the client identify his or her positive and negative coping mechanisms

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Recommended Web Sites

Calgary Health Region:
http://www.calgaryhealthregion.ca/hecomm/mental/Adolescence/ManagingSelf-Esteem.pdf
Fact Sheet: Managing Self-Esteem in Adolescence
Discusses the importance of self-esteem throughout the lifespan and provides suggestions to improve self-esteem.

Canadian Abilities Foundation:
http://www.enablelink.org/disability/ disab_articles.html?showdisability=1&id=1308
My Body, My Self, by Kim Miller
This article describes self-esteem and body acceptance for people with disabilities and suggests ideas or strategies to help individuals adjust to and accept a disability. The author recommends changing priorities and taking better care of one's health.

Canadian Health Network: How Can I Help My Daughter to Have a Healthy Body Image?:
http://www.canadian-health-network.ca/servlet/ContentServer?cid=1076701764838&pagename=CHN-RCS%2FCHNResource%2FFAQCHNResource Template&c=CHNResource&lang=En
This site defines both negative and positive body image, identifies influences that may negatively affect a child's body image, and suggests ways that families can promote a healthy body image for girls of all ages.

Canadian Mental Health Association:
http://www.cmha.ca/english/info_centre/mh_pamphlets/mh_pamphlet_21.htm
Children and Self-Esteem
This electronic pamphlet published by the Canadian Mental Health Association (CMHA), a national voluntary organization that promotes the mental health of all people, offers advice on how to promote positive self-esteem in children.

Statistics Canada:
http://www.statcan.ca/english/freepub/82-003-SIE/2003000/pdf/82-003-SIE2003005.pdf
Adolescent Self-Concept and Health into Adulthood
This Statistics Canada report examines factors associated with adolescent self-concept and the impact of adolescent self-concept on later health and health behaviour in young adulthood.

Status of Women Canada:
http://www.swc-cfc.gc.ca/pubs/ 0662320840/index_e.html
Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem
This site presents the findings of a research project on newcomer Canadian female adolescents, examines mental health promotion issues for this group, and makes recommendations.

University of Alberta, University Health Centre: Food, Weight & Body Image:
http://www.uofaweb.ualberta.ca/healthinfo/nav02.cfm?nav02=27622&nav01=27614
This site addresses body image and healthy weight, including discussions on standards of beauty, food and dieting, and eating disorders. It includes a table of healthy weights, based on body mass index, and a directory of contacts at the University of Alberta.